# EXHIBIT C



## WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUNDS



Street Street

2730 DAIRY DRIVE • SUITE 101 • MADISON, WI 53718 • PHONE (608) 276-9111 • (800) 422-2128 C RECEIVING FAX (608) 276-9103 • HEALTH CLAIM FAX (608) 288-9095 SPONSORED BY: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNIONS #14, 127, 158, 159, 388, 430, 577, 890 NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION-WISCONSIN CHAPTER

#### SUBROGATION AND REIMBURSEMENT AGREEMENT

The following is a description of the principal provisions of the Wisconsin Electrical Employees Health and Welfare Plan's (the "Plan") reimbursement and subrogation rights. This list is not exhaustive and the language of the Plan document will control to the extent that there are any differences between the following descriptions and the Plan document.

The Eligible Employee and/or his or her Dependent understands and agrees that:

- (a) The Plan has the right to reimbursement from monies recovered by the Eligible Employee and/or Dependent from any source relating to a claim, resulting from an injury, sickness, accident or condition, including an individual policy of insurance which is maintained by the Eligible Employee and/or Dependent.
- (b) The Plan's subrogation and reimbursement rights attach to all monies recovered by the Eligible Employee and/or Dependent regardless of how the amounts are characterized. The Plan's subrogation and reimbursement rights extend to monies recovered for medical and loss-of-time benefits paid and to monies recovered for other than medical and loss-of-time benefits paid including, but not limited to, monies recovered for pain and suffering. This means that the Plan specifically will not recognize any claim by the Eligible Employee and/or Dependent that monies recovered were insufficient to allow the Eligible Employee and/or Dependent to be "made whole."
- (c) The Plan has the right to reimbursement for all benefits the Plan has paid to or on behalf of the Eligible Employee and/or Dependent as of the date the Eligible Employee and/or Dependent recovers monies and for all other benefits the Plan pays after the date of recovery to or on behalf of the Eligible Employee and/or Dependent.



## WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUNDS



414

2730 DAIRY DRIVE • SUITE 101 • MADISON, WI 53718 • PHONE (608) 276-9111 • (800) 422-2128
RECEIVING FAX (608) 276-9103 • HEALTH CLAIM FAX (608) 288-9095
SPONSORED BY: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNIONS #14, 127, 158, 159, 388, 430, 577, 890
• NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION-WISCONSIN CHAPTER

- (d) The Plan has the right to suspend and withhold all future benefit payments due to an Eligible Employee, Dependent and/or any other Dependent of the Eligible Employee if the Eligible Employee and/or Dependent fails to complete and return this Subrogation and Reimbursement Agreement, the subrogation and reimbursement questionnaire and/or any other documentation to be used to enforce the Plan's subrogation rights until the Plan has recovered the full amount of monies advanced on behalf of the Eligible Employee and/or Dependent. If the Eligible Employee and/or Dependent recovers monies from any source but does not reimburse the Plan, the Plan also has the right to withhold future benefits on any claims submitted by the Eligible Employee, Dependent and/or any other Dependent of the Eligible Employee or reduce the amount of the dollar bank until the Plan has recovered the full amount allowed under the subrogation and reimbursement terms of the Plan. Further, any expense relating to the claim which is received by the Plan after a recovery, shall be the responsibility of the Eligible Employee and/or Dependent to the extent of the Eligible Employee's and/or dependent's net recovery and shall be paid by the Eligible Employee and/or Dependent and not the Plan. In the event the Plan inadvertently provides benefits for such an expense, the Eligible Employee and/or Dependent shall repay the Plan to the extent of the Eligible Employee's and/or Dependent's net recovery.
- (e) The Eligible Employee and/or Dependent shall be solely responsible for paying all legal fees and expenses in connection with any recovery for the underlying claim, resulting from an injury, sickness, accident or condition, and the Plan's recovery shall not be reduced by such legal fees or expenses.
- (f) The Eligible Employee and/or Dependent has the duty to cooperate with the Plan regarding its subrogation and reimbursement rights. The Eligible Employee and/or Dependent cannot alter the Plan's subrogation and reimbursement rights by an agreement with the third party.



### WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUNDS



-

2730 DAIRY DRIVE • SUITE 101 • MADISON,WI 53718 • PHONE (608) 276-9111 • (800) 422-2128

RECEIVING FAX (608) 276-9103 • HEALTH CLAIM FAX (608) 288-9095

SPONSORED BY: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNIONS #14, 127, 158, 159, 388, 430, 577, 890

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION-WISCONSIN CHAPTER

(g) The Eligible Employee and/or Dependent, and/or any agent of the Eligible Employee and/or Dependent, including any attorney, agrees to hold any money recovered in constructive trust for the benefit of the Plan to be paid to the Plan immediately upon recovery thereof.

The undersigned expressly understands and agrees that all benefits paid or to be paid by the Plan, including those amounts to be paid pursuant to this specific Subrogation and Reimbursement Agreement, are conditioned upon the Plan's rights of subrogation and reimbursement and create an equitable lien by agreement. The undersigned agrees to notify the Plan of any recovery by the undersigned relating to his or her claim and to repay the Plan from any and all recoveries once the undersigned has recovered monies. The undersigned understands and agrees that this Subrogation and Reimbursement Agreement creates contractual and equitable rights, in addition to those created under the Plan's Rules and Regulations, for the Plan to assert its subrogation and reimbursement rights against the undersigned in a court of competent jurisdiction.

Eligible Employee's Signature

Dependent's Signature (If of Legal Age)

Date